

County: La Crosse  
 BETHANY ST. JOSEPH CARE CENTER  
 2501 SHELBY ROAD

Facility ID: 1550

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LA CROSSE 54601 Phone: (608) 788-5700  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 196  
 Total Licensed Bed Capacity (12/31/01): 223  
 Number of Residents on 12/31/01: 167

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 174

Non-Profit Corporation  
 Skilled  
 No  
 Yes  
 Yes  
 174

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No					1 - 4 Years			34.7
Supp. Home Care-Personal Care	No					More Than 4 Years			41.3
Supp. Home Care-Household Services	No	Developmental Disabilities	2.4	Under 65	6.6				24.0
Day Services	No	Mental Illness (Org. /Psy)	38.3	65 - 74	8.4				-----
Respite Care	No	Mental Illness (Other)	3.6	75 - 84	29.9				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.3	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.8	Full-Time Equivalent			
Congregate Meals	No	Cancer	3.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	3.6		100.0	(12/31/01)			
Other Meals	Yes	Cardiovascular	6.6	65 & Over	93.4	-----			
Transportation	No	Cerebrovascular	11.4		-----	RNs			15.3
Referral Service	No	Diabetes	1.8	Sex	%	LPNs			7.9
Other Services	No	Respiratory	4.8		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	24.6	Male	32.9	Aides, & Orderlies			
Mentally Ill	No		-----	Female	67.1				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other			Pri vate Pay			Fami l y Care			Managed Care				
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	3	100.0	273	10	9.1	118	0	0.0	0	1	2.2	155	0	0.0	0	0	0.0	0	14	8.4
Skilled Care	0	0.0	0	91	82.7	100	0	0.0	0	44	97.8	140	0	0.0	0	9	100.0	100	144	86.2
Intermediate	---	---	---	7	6.4	82	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	4.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	2	1.8	350	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.2
Total	3	100.0		110	100.0		0	0.0		45	100.0		0	0.0		9	100.0		167	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	8.8	Daily Living (ADL)	Independent			
Private Home/With Home Health	3.4	Bathing	0.6	61.7	37.7	167
Other Nursing Homes	3.4	Dressing	10.8	51.5	37.7	167
Acute Care Hospitals	81.9	Transferring	18.0	57.5	24.6	167
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	18.0	46.1	35.9	167
Rehabilitation Hospitals	0.0	Eating	43.7	44.9	11.4	167
Other Locations	2.5	*****				
Total Number of Admissions	204	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	10.2	Receiving Respiratory Care		8.4
Private Home/No Home Health	25.6	Occ/Freq. Incontinent of Bladder	34.7	Receiving Tracheostomy Care		1.2
Private Home/With Home Health	18.4	Occ/Freq. Incontinent of Bowel	28.7	Receiving Suctioning		1.2
Other Nursing Homes	8.2			Receiving Ostomy Care		2.4
Acute Care Hospitals	8.7	Mobility		Receiving Tube Feeding		3.6
Psych. Hosp. -MR/DD Facilities	0.5	Physically Restrained	24.6	Receiving Mechanically Altered Diets		33.5
Rehabilitation Hospitals	0.0					
Other Locations	5.8	Skin Care		Other Resident Characteristics		
Deaths	32.9	With Pressure Sores	5.4	Have Advance Directives		86.8
Total Number of Discharges		With Rashes	11.4	Medications		
(Including Deaths)	207			Receiving Psychoactive Drugs		62.3

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 200+ Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	77.7	89.4	0.87	84.7	0.92	84.3	0.92	84.6	0.92
Current Residents from In-County	77.2	82.7	0.93	82.2	0.94	82.7	0.93	77.0	1.00
Admissions from In-County, Still Residing	23.5	25.4	0.93	22.3	1.05	21.6	1.09	20.8	1.13
Admissions/Average Daily Census	117.2	117.0	1.00	89.0	1.32	137.9	0.85	128.9	0.91
Discharges/Average Daily Census	119.0	116.8	1.02	93.1	1.28	139.0	0.86	130.0	0.91
Discharges To Private Residence/Average Daily Census	52.3	42.1	1.24	37.0	1.41	55.2	0.95	52.8	0.99
Residents Receiving Skilled Care	94.6	93.4	1.01	89.9	1.05	91.8	1.03	85.3	1.11
Residents Aged 65 and Older	93.4	96.2	0.97	87.3	1.07	92.5	1.01	87.5	1.07
Title 19 (Medicaid) Funded Residents	65.9	57.0	1.16	73.2	0.90	64.3	1.02	68.7	0.96
Private Pay Funded Residents	26.9	35.6	0.76	19.8	1.36	25.6	1.05	22.0	1.22
Developmentally Disabled Residents	2.4	0.6	3.83	2.4	1.01	1.2	2.04	7.6	0.32
Mentally Ill Residents	41.9	37.4	1.12	42.5	0.99	37.4	1.12	33.8	1.24
General Medical Service Residents	24.6	21.4	1.15	25.0	0.98	21.2	1.16	19.4	1.26
Impaired ADL (Mean)	55.8	51.7	1.08	51.7	1.08	49.6	1.12	49.3	1.13
Psychological Problems	62.3	52.8	1.18	59.8	1.04	54.1	1.15	51.9	1.20
Nursing Care Required (Mean)	8.4	6.4	1.31	7.3	1.14	6.5	1.28	7.3	1.14